# NELSON V. CITY OF HAYWARD Case No. cv-07222-SK

Exhibit 9



# Case 3:16-cv-07222-SK Document 81-9 Filed 01/14/19 Page 2 of 18

# **Alameda County Sheriff's Office**

Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605 (510) 382-3000 / (510) 382-3033 (fax)

# **Coroner Investigator's Report**

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L	F			JR., Roy Le	ee	1		[	J 1		•	2015-0	3757
=	CALL INFO	REPORTED BY			REPORTED BY PHONE NO.		REPORTING AGENCY				REFERENCE NUMBER		
	]	Heidi Corral			(510) 782-6200		St. Rose Hospital			2015-99780			
1 3	5	INVESTIGATOR			CALL DATE AND TIME		CASE TYPE					2013 777	
		Solom	on Uni	ıbun	12/19/2015 4:10		Removal Case						
DECEDENT		DATE AND TIME OF DEATH			DATE OF BIRTH	GENDER RACE				MARITAL STATUS VET?			
			12/19/2	015 3:28	3/13/1973	42 Years	Years Male African-Ame			merican Divorce		ed	
				EYE COLOR	HAIR COLOR	OCCUPATION			EMPLOYE		21,010	-	
	: [	72   327   Brown		Brown	Black	Never Worked							
Ē		77.1.4											
				disturben	lined death of a 4	a 42 y/o male at St. Rose. The decedent was arrested by HPD for public							
ပ္ထ	- 1	Prolin	ninany	notrol	e in a college parking lot and was placed on a 5150 hold. He was placed in the back of a								
	- 1	Preliminary patrol car summary placed in a			and he began kicking the doors and windows. He was removed from the car and was being								peing
		Oun	iiiiai y	transporte	a wrap when he became unresponsive. HFD arrived, CPR was initiated and he was								
				Success an	d to the ER with CPR in progress. Upon arrival, life saving measures continued without d death was pronounced. Med Hx unknown, NOK notified. ***Call Detective Mosby an							ut	
	-			hour befor	a autopay 510 20	02 2460 ***	u iix uikiiow	n, NC	IIIOIII AV	ied. ****C	all Detect	tive Mosby	an
	- 1	LOCATION (					,				LOD T	VPF .	
		St. Rose									Hospital - ER/OP		
	- [2	ADDRESS (S	TREET, C	ITY, STATE, ZIP)	-			OUNTY					
	1	0328 Hay	yward (	CA 94545									
	$\vdash$			-		.Alameda							
	Ľ	Manner ————	Accio	ient		Death Certificate Signed By: Erik Bordi ACSO Coroner							
Ë		Cause A	Cardia	ac arrhythmia							Interva	Minutes	
DEATH	C	Cause B	Acute	methamphetami	ne and amphetamic	ne intovication							
-	0	Cause B Acute methamphetamine and amphetamine intoxication associated with physical exertion Interval Minutes  Cause C											
		Interval											
		Cause D Interval											
		Other Si	anifican	Cardion	nyopathy, Acute	methamphet	amine and am	phetar	mine int	oxication	associate	ed with phy	sical
			litions	exertion	1.	•						I)	
	L												
Z		GAL NEXT				RELATIONSHIP				TELEPHONE NO.			
NOTIFICATION	R	oy Nelso	n III			Son				(510) 833-4957			
S	NC	TIFIED BY				METHOD				DATE AND TIME			
臣													
<u>o</u>	IDE	NTIFICATIO	N METHO	D		DATE AND TIME			-				
~		ersonal Id				12/19/201							
	LO	CATION OF	INCIDENT	3		1							
<b>&gt;</b>											AT W	/ORK	
	ADI	DRESS (STR	EET, CITY	, STATE, ZIP)	*		COUNTY		•				
$\leq$									1	DATE AND T	IME OF INCIDE	NT	
ž													
	INVESTIGATING AGENCY					INV AGENCY PHONE NUMBER		OFF	OFFICER			- 1	
$\perp$	_			epartment			T. Vonnegut						
		ERAL HOME					BODY RELEASED TO FUNERAL HOME ON						
_	Whitted- Atkins Funeral Home						12/28/2015 15:10						
	Full Autopsy Partial Autopsy Inspection Record Review Inspection w					n w/Specimen	EXAM BY						
-		<b>✓</b>				T W/Specimen		10 (Cont.) (March					
							Thomas W. Rogers					1	



Alameda County Sheriff's Office Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 2901 Peralta Oaks Ct., Oakland, CA 94605 (510) 382-3000 / (510) 382-3033 (fax)

### **Investigator Narrative**

Decedent:

**NELSON JR., Roy Lee** 

Case Number: Investigator:

2015-03757 Solomon Unubun

## First Call Information:

On Saturday, December 19, 2015, about 0345 hours, I (Unubun) received a call from St. Rose Hospital Emergency Room (ER) Nurse Heidi Corral. Corral called to report the death of Roy Nelson, who was transported to the hospital by Hayward Fire Department (HFD) at 0307 hours. Upon arrival at the ER, Nelson was found unresponsive. Resuscitative measures were initiated without success and Nelson's death was pronounced at 0328 hours.

According to Corral, Nelson had been arrested by the Hayward Police Department (HPD) and he was placed on a 5150 W.I. hold. Nelson had a witnessed cardiac arrest, emergency medical services were summoned to the scene, and he was transported to St. Rose Hospital ER. Corral did not have any more details about the incident. Nelson was known to St. Rose Hospital staff due to his various visits to the ER there.

I contacted HPD dispatch and they told me they received a 9-1-1 call at 0106 hours regarding a public disturbance at 25291 Ironwood Court in Hayward. HPD dispatch transferred my call to HPD Sergeant McCrea #112. In summary, Sergeant McCrea told me the following:

Nelson was initially detained in front of his ex wife's residence. After initial contact, Nelson was placed on a 5150 W.I. hold and was placed in the back seat of a patrol car. Nelson was then transported to Parking Lot G at Chabot College where the HPD officers and Nelson waited for paramedics, who were then going to transport Nelson. Nelson became agitated while he was in the back of the patrol car and he began "kicking" the doors and windows. Nelson was removed from the car and he became limp while he was being placed in a restraint wrap. Emergency medical services were summoned and Nelson was transported to St. Rose Hospital. Sergeant McCrea told me there was no force used during this incident. (SU#1914)

#### Medical Summary:

Nelson's medical history was unknown at the time of his death.

According to Nelson's ex-wife, Patsy Taft, Nelson did not have any medical history, only psychiatric history. She mentioned he was easily intoxicated when he consumed alcohol and he was known to abuse methamphetamines. (RL1702)

## Description of the Death/Injury Scene:

Nelson was pronounced dead in the Emergency Room at St. Rose Hospital.



## Alameda County Sheriff's Office Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 2901 Peralta Oaks Ct., Oakland, CA 94605 (510) 382-3000 / (510) 382-3033 (fax)

#### **Body Identification:**

Nelson was identified at the scene by HPD officers. He was known to HPD officers due to various contacts with him. Nelson was also compared to his California Driver License photograph found in CalPhoto. Further identification was requested via the Alameda County Central Identification Bureau after the decedent had been fingerprinted at autopsy. (SU#1914)

I attempted to identify Nelson using the mobile fingerprinting device but it was unsuccessful. The print out was added to the case file. (RL1702)

On December 22, 2015, a fax was received from the Alameda County Central Identification Bureau confirming that the fingerprints taken from the decedent were a match to the fingerprints associated with Person File Number: AUW620 and the name Roy Nelson. (KE#1917)

#### Next of Kin Investigation:

As of 12/19/16, Nelson's legal next of kin was undetermined. His mother, Ornel Nelson, was notified of his death at the hospital. Nurse Corral was unable to confirm who notified Ornel of Nelson's death. (SU#1914)

While speaking with family at the hospital, Taft told me (Lorenzana), she and Nelson were divorced and his legal next of kin was their adult child, Roy Nelson III. Taft said she wanted to notify Roy about Nelson's death in person. Deputy Bordi explained the Coroner's Bureau involvement and the need to contact a mortuary as soon as possible. Taft said she understood. (RL1702)

On 12/24/15, I spoke with Nelson III on the telephone. He told me he was informed of Nelson's death by his mother and he told me to refer any other questions to his attorney. (SU#1914)

#### Other Agency Reports:

Detective T. Vonnegut #204 was assigned to investigate this incident and generated HPD report #2015-99780. (RL1702)

On 3/17/16, I received a partial copy of the police report. The information contained in the report in regards to this incident matched what Sgt. McCrea had told me. The report was not completed because HPD was waiting for the Coroner's report. The HPD report was placed in the case folder. (SU#1914)

#### Property and Evidence:

Property receipt #37012 was issued for Nelson, his clothing, and 5 tubes of blood specimens. (RL1702)

#### Coroners Fees:

As of 12/19/15, Coroner's Bureau fees associated with this case were \$254.00 for body removal, and \$67.00 for body preparation, totaling \$321.00.

As of 3/18/16, there was an outstanding fee of \$653.00 on this case. Storage fees of \$333.00 were added to the original fees.

A Coroner's Hold was placed on this case for the outstanding Coroner's fees. (SU#1914)

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Alameda County Sheriff's Office Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 2901 Peralta Oaks Ct., Oakland, CA 94605 (510) 382-3000 / (510) 382-3033 (fax)

### **Investigative Details:**

On Saturday, December 19, 2015, about 0730 hours, Deputies Bordi, Meldrum and I (Lorenzana) arrived at the St. Rose Hospital Emergency Room to make the removal of Nelson. We were met by Registered Nurse, Hye Kim, who led us to Nelson. Nelson was on a hospital gurney covered with a sheet. He wore just a pair of black boxer shorts and there was medical therapy in place. Deputy Meldrum took photos of Nelson while I collected 5 tubes of blood specimens obtained during admittance and Nelson's medical records. Deputy Bordi secured paper bags around Nelson's hands in an attempt to preserve any possible evidence. Nelson had blood pooled in his eye area but I could not see where the blood was coming from. We prepared Nelson for transport and I issued receipt #37012 for Nelson and the blood specimens and we left for the Coroner's Bureau.

At 0810 hours, we arrived to the Coroner's Bureau and processed Nelson into the morgue, which included taking intake photos. The photos were later downloaded to a compact disc and added to the case file. (RL1702)

On 12/21/15, Coroner Pathologist Dr. T. Rogers performed a full autopsy on Nelson and a toxicology report was ordered. The toxicology report was reviewed and the cause of Nelson's death was determined as cardiac arrhythmia due to acute methamphetamine and amphetamine intoxication associated with physical exertion with other significant conditions of cardiomyopathy. (SU#1914)

#### Findings:

On Friday, March 18, 2016, I (Unubun) reviewed this case to determine a manner of death. Based on a review of the information provided by Taft, the HPD police report, the autopsy protocol and the toxicology report, I found Nelson's death to be an accident. Nelson had a history of drug abuse and his toxicology report confirmed he was under the influence of methamphetamines and amphetamines when he died. (SU#1914)

#### Supervisor Review:

On March 31, 2016, I (Sgt. R. Macintire) reviewed this case and found it to be complete. I concurred with the findings and approved this case for closure. (RM #1632)

CENTRAL VALLEY TOXICOLOGY, INC.

ise Name:

TOXICOLOGY NUMBER: CVT-15-14045

Nelson,

Hospital samples: 12 ml blood (5 vials) each labeled "Nelson, Roy; 300289685; 00130126; 03/13/1973; 42Y; Male; 12/19/2015; 0310 hrs; NSG 313" Postmortem

Specimen Description:

sample: 17 ml femoral blood labeled "Nelson, Roy; 2015-03757; 12/21/2015"

Delivered by Tricor

Date 22-Dec-15

Bill Posey Received by

Date<sup>22-Dec-15</sup>

Request: Complete Drug Screen

Agency Case # 2015-03757

**Requesting Agency** 

Alameda Co. Coroner's Office

Attn: Acct's Payable 480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Rogers

2901 Peralta Oaks Ct., 2nd Floor

Oakland CA 94605

RESULTS

Specimen: Hospital Blood (Gray Top Vial & Lavender Top Vial) Samples

Complete Drug Screen: Methamphetamine detected.

No other common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

d-Methamphetamine = 0.73 mg/L

d-Amphetamine

= 0.04 mg/L

Note: 1) Hospital blood (Gray Top) sample tested for Ethyl Alcohol, Immunoassay Screen and Drug Screen.

2) Hospital blood (Lavender Top) sample tested for Methamphetamine confirmation/quantitation.

Blood Methamphetamine Ranges

Effective Level:

(0.01 - 0.05 mg/L)

Potentially Toxic:

(0.2 - 5 mg/L)

**Blood Amphetamine Ranges** 

Effective Level: (0.02 - 0.15 mg/L)

Potentially Toxic:

(0.2 mg/L)

B.L. POSEY S.N. KIMBLE Directors

1580 Tollhouse Road Clovis, California 93611 Phone (559) 323-9940

Fax (559) 323-7502

B. L. Posey

December 30, 2015

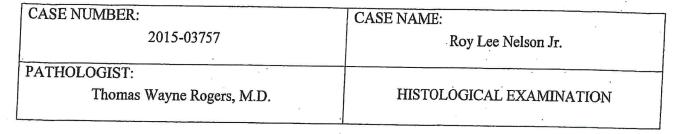
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# Alameda County Sheriff's Office

Coroner's Bureau 480 4<sup>th</sup> Street, Oakland, CA 94607-3829

# Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal



HEART: Sections show nonremarkable cardiac muscle cells. No areas of inflammation, scarring, or

fibrosis are present.

LUNGS: Sections show nonremarkable alveolar air sacs and airways.

LIVER: Mild fatty metamorphosis is present.

PANCREAS: The pancreas is autolyzed but otherwise nonremarkable.

SPLEEN: Nonremarkable-appearing red pulp and white pulp areas are present.

KIDNEYS: A few hyalinized glomeruli are present.

BRAIN: Sections show nonremarkable neural tissue.

3·2-16

Signature

M.D

TWR/jkm

D: 02/23/16 at 8:40 a.m.

T: 02/25/16

## Case 3:16-cv-07222-SK Document 81-9 Filed 01/14/19 Page 8 of 18

# Alameda County Sheriff's Office

Coroner's Bureau 480 4<sup>th</sup> Street, Oakland, CA 94607-3829

# Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

# MEMORANDUM

DATE:

December 21, 2015

FROM:

Thomas Wayne Rogers, M.D.

TO:

Case File 2015-03757

SUBJECT:

AUTOPSY PROTOCOL

Autopsy performed upon the body of Roy Lee Nelson Jr. at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on December 21, 2015, at 8:50 a.m.

#### AUTOPSY FINDINGS

- 1) CARDIOMYOPATHY:
  - A) CARDIOMEGALY
  - B) FOUR-CHAMBER DILATATION OF HEART.
- 2) FATTY METAMORPHOSIS OF THE LIVER (MILD).
- 3) DIVERTICULA OF COLON.
- 4) BLOOD D-METHAMPHETAMINE 0.73 MG/L.
- 5) BLOOD D-AMPHETAMINE 0.04 MG/L.

CAUSE OF DEATH:

CARDIAC ARRHYTHMIA DUE TO ACUTE METHAMPHETAMINE AND AMPHETAMINE INTOXICATION ASSOCIATED WITH

PHYSICAL EXERTION.

Other condition: CARDIOMYOPATHY.

cc: EMS

Investigation's Bureau.

7		
<b>L</b>	EXTERNAL	EXAMINATION

- 2 The body is that of an African American male appearing the
- 3 stated age of 42 years. There is a Coroner's identification tag
- 4 present on the left big toe. The body is 72 inches long and
- 5 weighs 327 pounds.
- 6 The body is presented in a supine position with the head
- 7 rotated slightly towards the right shoulder. Both arms lie
- 8 alongside the body.
- The body is clothed in black boxer type underpants properly
- 10 worn fully covering external genitalia.
- .1 At the beginning of the autopsy paper bags have been
- 12 removed from both arms.
- Rigor mortis is passing. Lividity is present over the
- 14 backside of the body.
- There is the following evidence of MEDICAL THERAPY:
- 16 1) A medical band about the right wrist.
- 2) A vascular catheter in right antecubital fossa.
- 18 3) A dressing covering a needle puncture mark in left
- 19 antecubital fossa.
- 4) Multiple cardiac monitoring pads on the torso.
- 21 5) Electrical conduction pads on the torso.
- '2 6) An intraosseous infusion device on left lower leg.

- 7) Hospital specimens presented with body in a plastic bag
- 24 attached to the right big toe.
- 25
  8) An oral-tracheal tube secured around the neck.
- 9) A nasogastric tube in the left naris.
- The only blood on the body is a small amount of blood
- 28 tinged mucus coming out of the mouth and the nose.
- There is the following BLUNT INJURY to the body: .
- 30 RIGHT ARM:
- 31 1) A 2 inch red contusion on the dorsal wrist.
- There are no other blunt injuries noted to the body.
- The hair is black and 1/2 inch long. Pupils are round.
- 34 Irides are brown. Arcus senilis is present. Sclerae are
- 35 congested. No petechial hemorrhages are noted. Ears, nose and
- 36 lips are normal. Mustache and goatee facial hair growth is
- 37 present. Short, unshaven facial hair growth is present. The
- 38 neck is nonremarkable.
- The chest is flat. Breasts are consistent with an adult
- 40 male. The abdomen is moderately obese. The external genitalia
- 41 are nonremarkable.
- Present on the right thigh on its anterior and medial
- 43 aspects are approximately five well healed scars ranging upwards
- 44 to 3 inches in length. Some of these have punctate suture scars

- 45 to either side of them.
- Present about the right knee over the patella are two to
- 47 three irregular scars ranging upwards to 1 inch in length. Just
- 48 slightly lateral are two linear scars, the largest is 5/8 inch
- 49 in length.
- Present over the right lower leg are approximately three
- 51 scars ranging upwards to 2 inches in length.
- Present over the dorsal aspect of the foot are three to
- 53 four scars. Some are irregular and 3/8 inch. One is linear and
- 54 3/8 inch.
- Present over the left thigh are approximately three linear
- 56 scars ranging upwards to 2 inches in length.
- Present about the left patella area are twelve to fifteen
- 58 scars. None of these range beyond 3/8 inch in greatest
- 59 dimension. Some are linear and some are irregularly shaped.
- Present over the left lower leg are approximately eight to
- 61 ten scars mostly in its proximal one-half. These range upwards
- 62 to 2 inches in length.
- Legs and feet are without further abnormalities.
- Present over the right forearm on both the anterior and
- 65 posterior surfaces are approximately seven to eight linear scars
- i6 ranging upwards to 2-1/2 inches in length.

- Present over the lateral aspect of the right elbow is a
- 68 1-3/4 inch linear scar.
- Present over the left forearm are eight to ten scars mostly
- 70 on the anterior surface and range upwards to 1-1/2 inches in
- 71 length.
- 72 Present over the dorsal aspect of the left hand are
- 73 approximately five to six linear scars and ranging upwards to 1
- 74 inch in length.
- 75 Present over the lateral aspect of the left elbow are three
- 76 to four linear scars ranging upwards to 1 inch in length.
- 77 The fingernails have been clipped prior to the autopsy.
- 78 Present about the right wrist is what appears to be a binding
- 79 indentation site about 1/8 inch wide extending horizontally
- 80 across the dorsal aspect of the wrist. This is in the same area
- 81 of the above-mentioned blunt injury. In addition, on the medial
- 82 aspect of the wrist extending just over onto the anterior
- 83 surface is a vague area of binding indentation that appears to
- 84 be about 3/8 inch wide. No binding indentation sites are noted
- 85 about the left wrist. No further needle puncture marks are
- 86 present. No smoke, powder or stippling is identified on either
- 87 arm or hand. No hyperpigmented scars are present over
- 88 accessible veins. No further blunt injuries are noted to arms

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- 89 or hands.
- 90 The back is without abnormalities.
- 91 INTERNAL EXAMINATION
- The body is opened through the usual Y-SHAPED INCISION.
- 93 BODY CAVITIES: There are some anterior rib fractures
- 94 present that are consistent with resuscitative measures.
- 95 Otherwise, no abnormalities are noted. There are fractures to
- 96 the anterior part of the right fifth rib and left ribs #2-4.
- 97 These are consistent with resuscitative measures; otherwise, no
- 98 abnormalities are noted to the ribs. The pleural surfaces are
- ,9 stripped, individual ribs are dissected around and soft tissue
- 100 is taken down from around the torso and no abnormalities are
- 101 noted. The pericardial sac and peritoneal cavity are
- 102 nonremarkable.
- HEART: In situ, the heart is enlarged, with the apex
- 104 beyond the left midclavicular line. The heart weighs 620 grams.
- 105 The epicardial surface is. Ventricular myocardium is brown.
- 106 There is a moderate four-chamber dilatation of the heart.
- 107 Valves are normal. No left ventricular hypertrophy is present.
- 108 No asymmetric hypertrophy is present. No myxoid degeneration of
- 109 the mitral valve is present. No vegetations are present on
  - 0 valve leaflets. Coronary ostia are patent. The coronary system

- 111 has its usual anatomical distribution and is nonremarkable. No
- 112 thrombi are present.
- 113 VESSELS: The aorta and tributaries are minimally involved
- 114 with atheromatous change. The pulmonary artery and venous
- 115 system contain no thromboemboli.
- TRACHEA AND BRONCHI: Lined by pale yellow mucosal
- 117 surfaces. The nasogastric tube is placed in the trachea down to
- 118 the right main stem bronchus.
- 119 LUNGS: The left lung weighs 800 grams. The right lung
- 120 weighs 810 grams. Pleural surfaces are smooth. Lung parenchyma
- 121 is prominently congested and edematous. There are no areas of
- 122 consolidation. No pulmonary infarcts are present. No bronchial
- 123 asthma is identified. Airways of both lungs are nonremarkable.
- 124 No tumors are present. The arterial system of both lungs is
- 125 opened, and no thromboemboli or other abnormalities are
- 126 identified.
- ORAL CAVITY: The teeth are natural. None are acutely
- 128 missing or loose. The tongue is nonremarkable. Soft tissue is
- 129 examined around the mandible and the maxilla and no
- 130 abnormalities are noted. Facial bones are stable to palpation.

- 131 ESOPHAGUS: Lined by a white, wrinkled mucosal surface.
- 132 The distal end of the oral-tracheal tube is present in the
  - 133 proximal end of the esophagus.
- 134 STOMACH: Contains no contents. The mucosal surface is
- 135 tan. No tumors or ulcers are noted.
- 13:6 INTESTINES: Covered by smooth serosal surfaces. No
- 137 abnormalities are noted. Intestines are open, nonremarkable
- 138 fecal material present. Except for some diverticula in the
- 139 large intestine, no abnormalities are noted. The rectum is
- 140 palpated and no abnormalities are noted.
- .1 LIVER: Weighs 2530 grams. The serosal surface is smooth.
- 142 The anterior margin is slightly rounded. The liver parenchyma
- 143 is involved with fatty metamorphosis.
- 144 GALLBLADDER: The gallbladder is of normal size. Its
- 145 surface is smooth. Its wall is of normal thickness. It is
- 146 lined by a green velvety mucosal surface. It contains 20 cc of
- 147 bile and no stones.
- 148 PANCREAS: The pancreas is of normal size. Its parenchyma
- 149 is yellow-brown and lobulated. No tumors are present. No
- 150 saponification is noted.
- SPLEEN: The spleen weighs 400 grams. Its capsule is gray
  - 2 and smooth. Its parenchyma is red-purple and soft.

- 153 ADRENAL GLANDS: The adrenals are normal in size and have
- 154 their usual triangular shape. Sectioning of them reveals non-
- 155 remarkable cortex and medullary parts. No hemorrhages are
- 156 present.
- 157 KIDNEYS: The left kidney weighs 260 grams. The right
- 158 kidney weighs 290 grams. Surfaces are smooth. Parenchyma is
- 159 brown and moderately congested. There is a distinct cortico-
- 160 medullary separation. Papillae are normal. The calyces and
- 161 pelves of both kidneys are nonremarkable. No obvious
- 162 abnormalities are noted of the ureters. No stones are present.
- 163 BLADDER: The bladder contains 200 cc of urine. It is
- 164 lined by a tan mucosal surface. No trabeculation or tumors are
- 165 present. No diverticula are noted.
- PROSTATE: The prostate is of normal size. Its parenchyma
- 167 is yellow-white and rubbery. No tumors are noted.
- 168 TESTICLES: Both testicles are examined and no
- 169 abnormalities are noted.
- 170 MUSCULOSKELETAL SYSTEM: Rectus abdominous muscles are
- 171 cross sectioned and no abnormalities are noted. Soft tissue is
- 172 partially taken down from the pelvis. No abnormalities are
- 173 noted.

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187

Body of ROY LEE NELSON JR.

The skin of both wrists is incised into. There is a 1-1/4 174 inch area of red-purple glistening subcutaneous hemorrhage, over 175 the front part of the right wrist towards its medial side. This 176 extends just onto the medial side. Otherwise, no hemorrhage is 177

178 identified. NECK: A layer by layer dissection is done of strap muscles 179 of the neck. No abnormalities are noted. Individual laryngeal 180 structures are taken down. Laryngeal structures are intact. 181 There is a congenital absence of the superior horn on the right 182 side of the thyroid cartilage. The larynx is free of 183 obstructing material. The thyroid gland is normal. Cervical 34 vertebral column is nonremarkable and without evidence of 185 186 trauma.

CENTRAL NERVOUS SYSTEM: Soft tissue about the cranial vault is normal. The brain weighs 1440 grams. The gyri and 188 sulci of the cerebral hemispheres are normal. Sectioning of the 189 brain reveals no abnormalities. No contusions are noted. 190 ventricular system of the brain is nonremarkable. No subdural 191 or subarachnoid hemorrhages are present. The vessels at the 192 base of the brain are nonremarkable. Stripping the dura from 193 the inner table of the skull reveals no abnormalities. There is 194 a prominent degree of calcification of the dura membrane. Soft ٦5

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19	6 tissue is taken down to the supraorbital areas and the inferior
19	•
198	SPECIMENS:
199	1) Photographs
200	2) Heart's blood
201	3) Leg blood
202	4) Liver
203	5) Bile
204	6) Urine
205	7) Tissue
206	8) Histology sections
207	
208 209 210 211 212	Thomas Wayne Rogers, M.D.
	Zone, Juli